

# Exploring the Sexual Health Needs of People from African Communities in Glasgow

Preliminary Report – June 2021



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Scottish Charity No: SC036500

# 1. Introduction

This report describes the preliminary findings of a research project funded by the Scottish Government that asks how to ensure people from African communities in Scotland can access HIV prevention and testing. The findings of this national engagement will be used to inform bespoke resources for the African community, for example, around PrEP or HIV self-testing, and will be communicated to services working with African communities. This preliminary report presents the findings from surveys and interviews conducted within the NHS Greater Glasgow and Clyde (NHSGGC) health board in February – March 2021.

Research shows that people from African communities in the UK are disproportionately affected by HIV, particularly by late diagnosis, but their needs are not being met in a culturally specific way (NAT 2014). Barriers to HIV prevention and testing in the African community include stigma in the community, limited knowledge of PrEP within existing safer sex beliefs, lack of access to testing and care, lack of political will to engage with the community, restrictive immigration policies, and the absence of African representation in decision-making processes (Fakoya et al, 2008; NAT, 2014; Nakasone et al, 2020).

HIV prevention and testing amongst African communities has traditionally been delivered through engagement with community venues such as places of worship, restaurants and local groups. Restrictions on gatherings since the Covid-19 outbreak have prevented this approach. Given the absence of testing among the community over the past year, it is essential that we understand how to reach this key population. Through our engagement work, we know that people from African communities have so far been less likely to engage with online testing opportunities. Without access to HIV testing and key prevention tools, such as PrEP, these inequalities will continue and potentially worsen during the pandemic. To ensure that future testing solutions for Scotland work for this population, it is important that we listen to their views and experiences.

## 1.1. Key Findings

**Most of our survey respondents:**

- would prefer to access sexual health information and services from a GP or other health service professional
- would prefer to access an HIV test at a sexual health clinic
- would be likely to use HIV self-testing kits and would prefer to access them via postal services from an online order
- would prefer to collect free condoms from a sexual health clinic, pharmacy or community centre

**The church pastors interviewed in a focus group:**

- felt that personal relationships were key to providing services and information around sexual health to their congregation and the wider African community in Glasgow
- did not feel comfortable offering services and information within the church itself but wanted to be able to guide their congregants to people and services they trusted



- agreed that self-testing kits would be the best type of HIV test for the African community in Glasgow
- believed that free condoms and teaching about condoms should be provided through outreach programmes with connections to the church

## 2. Methodology

A research survey was carried out to investigate the sexual health needs, including HIV testing, of people from African communities in Scotland. The survey was followed by a series of focus groups. The survey design included a combination of qualitative and quantitative questions, and the focus group interviews followed a semi-structured, qualitative format. The combination of methods was chosen as the Covid-19 pandemic required research to be carried out remotely. As a result, the survey was carried out online, and the focus groups were carried out on Zoom. This preliminary report presents the findings of survey respondents living within NHSGGC and from a focus group interview with three African church pastors from Glasgow.

### 2.1. Survey Demographics

Of the 82 survey responses to date, 35 are from the NHSGGC board area. From these 35 respondents:

- 77% identified as female (including trans female); 14% identified as male (including trans male); 6% identified in another way but did not describe how they identified; 3% preferred not to say
- 3% were aged 18–24; 23% were aged 25–34; 34% were aged 35–44; 29% were aged 45–54; 11% were aged 55–64
- 80% identified as heterosexual; 11% identified as bisexual; 6% identified as gay or lesbian; 3% preferred not to say
- 46% identified as single; 31% married; 11% in a relationship; 6% separated; 3% divorced; 3% identified their relationship in another way
- 54% were currently sexually active with one person; 46% were not currently sexually active
- 91% were born outside the UK; 9% in the UK - of those who were born outside the UK, respondents had lived in the UK for: 48% over 10 years; 23% 5–9 years; 16% 3–4 years; 10% 1–2 years; 3% under 1 year

## 3. Preliminary Findings

This section of the report outlines the results of preliminary data analysis. The findings are structured to reflect the key research themes: **sexual health services and information; HIV status and testing; HIV self-testing; sexually transmitted infections (STIs); pre-exposure prophylaxis (PrEP); sex life; and condom use.**

## 3.1. Sexual health services and information

### Summary

Most respondents would prefer to:

- access information about sexual health from their GP
- speak to someone over the telephone if they could not access face-to-face services
- speak to someone on weekday mornings or afternoons
- speak to someone who was the same gender as them

The church pastors felt that sexual health information and services should not be provided inside the church itself, but that personal relationships should be built between services and church leaders so that pastors can guide their congregants to the right place.

### Data

The survey asked respondents about how they would access information about sexual health areas such as contraception or STIs. **56%** of all survey respondents said they would ask their GP or another health professional. **35%** would search online, and **3%** respectively would ask a charity/community organisation, a family member, or a friend.

Due to the Covid-19 pandemic many organisations cannot offer face-to-face services, so the survey asked respondents to rank a number of possible ways to speak to someone about their sexual health remotely. For each communication method presented in the survey, the proportion of respondents indicating them as a first preference was as follows: speak over the telephone (**56%**); via email (**38%**); via text message (**36%**); via WhatsApp or another instant messenger service (**35%**); and by video call (**29%**). Live chat was listed as the least preferable method of communication for almost half (**48%**) of all respondents who selected this option. When offered days and times to speak to someone about sexual health remotely, most respondents preferred to do so on weekday mornings (**29%**) and weekday afternoons (**21%**), with weekends being much less favourable, especially weekend afternoons (**7%**).

The survey asked respondents how important a number of identity factors would be if they were seeking sexual health information from a professional working in the NHS or in a charity/community organisation, either face to face or remotely. The highest proportion of respondents who expressed a view on their preferences felt it was very important (**40%**) that the person was the same gender as them, (**26%** found this unimportant). **31%** were neutral that the person should be of a similar age. Most respondents were either neutral (**31%**) or felt it very important (**26%**) that the person was the same sexual orientation as them. The highest proportion of respondents felt it was unimportant that the person was the same ethnicity (**40%**) or had a similar income/socio-economic background (**46%**) as them.

### Faith Leader Feedback

The church pastors overwhelmingly felt that personal relationships were the best way to inform their congregations, and the African community at large, about sexual health. Building personal relationships with church leaders was the best way to bring services to the community, with pastors then able to direct their congregants to find medical or pastoral support and information from the appropriate service. This was preferable over larger forums, workshops or more impersonal information sources, which the pastors

believed would be either ignored or forgotten about by the African church leaders and wider community.

While the pastors believed that these services were necessary for their communities, they were concerned that ideas around sexual health could potentially clash with the message they were delivering from their churches. They believed that they could best support a congregant by sending them to the right service, rather than offering the support themselves, or not feeling that they could offer that kind of help because it clashed with their teachings. Personal relationships within this field made them feel more secure in suggesting help to their congregants.

**“A programme is best placed outwith the church where we can encourage members to attend. The church is a spiritual environment, the church believes in spiritual healing ... medical things ... is not the specialisation of the church”**

## 3.2. HIV status and testing

### Summary

Most respondents:

- had taken an HIV test within the last 5 years
- who had taken an HIV test in the last 2 years did so in a sexual health clinic
- who had taken an HIV test in the last 2 years had taken 1 test
- would prefer to access an HIV test in the future at a sexual health clinic

### Data

The survey asked a series of questions about respondents' HIV status and experience of HIV testing. Of the respondents who answered the questions, **18%** had a positive HIV status, **70.5%** had a negative HIV status, and **11.5%** did not know. Of those with a positive HIV status, all had been living with HIV for over 5 years and were under the care of an HIV clinic or doctor. **83%** of HIV-positive respondents had been diagnosed while living in the UK, and **33%** were diagnosed after a test at their GP's surgery, **16%** after an HIV test at a hospital, and **50%** after another, unspecified test location.

Of all the respondents, **11%** had never taken an HIV test, **14%** had taken an HIV test within the last 3 months, **4%** within the last 6 months, **18%** within the last 12 months and 2 years respectively, **25%** within the last 5 years, and **11%** over 5 years' ago.

For those who have taken an HIV test in the last 2 years, **27.7%** did so in a sexual health clinic, **22%** at their GP's surgery, **16.6%** in a hospital, **11%** via community testing or in another location, and **5.5%** respectively using either a self-sampling kit or a self-test kit provider.

A self-test kit is a finger prick test that can be taken by someone alone. It uses a spot of blood to find out if someone has been exposed to HIV, and gives a result in 15 minutes. A self-sampling kit is a finger prick test that can be taken by someone alone. However, the test is then sent off to a lab who will get in contact with the result.

For those who have taken an HIV test in the last 2 years, **54%** had taken 1 test, **23%** 2 tests, **15%** 3 tests, and **8%** had taken 7 tests.

The survey asked where respondents would most like to access an HIV test in the future if they needed one. The highest proportion (**37%**) preferred to access their test at a sexual health clinic, with GP surgery a close second choice (**30%**). **15%** preferred a community testing service, **11%** a self-sampling kit, and only **7%** a self-test kit provider.

### 3.3. HIV Self-testing

#### Summary

##### Most respondents:

- had heard of HIV self-testing kits before taking the survey
- would be likely to use HIV self-testing kits because they are easier, more confidential and more practical to access, especially during the Covid-19 pandemic
- would prefer to receive an HIV self-test kit via postal delivery from an online order
- would prefer video or online counselling support or felt they did not need any additional support when using an HIV self-test kit
- those who would not use an HIV self-test kit said they would feel too much anxiety around a possible positive result and would want more professional support

The **church pastors** all agreed that self-testing kits would be best for the African community in Glasgow and that they would help their congregants feel more secure about their health and HIV status more generally.

#### Data

The survey asked a series of questions about respondents' opinions on HIV self-testing kits. Self-testing is where you take a blood or saliva sample at home and find out the results on the spot.

Before taking the survey, **59%** of respondents had heard of HIV self-testing and **41%** had not. Most respondents said they were likely to use HIV self-testing, with **33%** very likely and **26%** likely to use HIV self-testing. **22%** were neutral, **15%** were unlikely, and **4%** were very unlikely to use HIV self-testing.

When asked to provide more information about why they would like to use HIV self-testing, respondents said that it would be easier, more confidential, and more practical to do so during the pandemic.

The highest proportion of respondents preferred to receive an HIV self-test kit via postal delivery from an online order (**32%**). After that, **17.8%** of respondents preferred to receive a self-test kit via a charity or community group, or from a pharmacy respectively. **10.7%** respectively preferred to receive a kit via a click-and-collect service, or via a sexual health clinic. **7%** would get a kit from a vending machine and only **3.6%** would be happy to receive a self-test kit from a sexual partner.

The survey asked what kind of support respondents would like when using HIV self-test kits. The highest proportion of respondents (**25% respectively**) preferred to either receive video or online counselling, or did not feel they needed any support beyond what was already available by attending a sexual health clinic. Next, respondents preferred either a dedicated phone line, or face-to-face advice (**18.7% respectively**). The remaining **12.5%** preferred other online support.

Respondents who would not use HIV self-test kits were asked why they would choose not to. All those who replied said that it was because of the anxiety around receiving a positive result and the need for support and information from a professional.

### Faith Leader Feedback

The pastors who were interviewed all agreed that an instant self-test kit would be preferable for their congregations and the African community at large. This was based on previous experience with instant test kits and other medical tests within their congregations. The pastors preferred instant self-test kits because they would not give people the opportunity to forget, or convince themselves it was not necessary.

One pastor mentioned holding an instant HIV test session at his church and that although some of the members of his congregation were slightly scared, overall people were pleased to know their status and have their health confirmed.

“Maybe you have persuaded them and they feel obligated to do it and now when you give the kit to them and they go away they have the opportunity [for] either another African or themselves will persuade them ‘oh I don’t need to come back with it’. ... [I]f you can get someone to oblige you to do the test, seize the moment and get it done. Even if the results surprise them, they have been taking it for granted and it will be real for them”

## 3.4. STIs

### Summary

Most respondents:

- had last been tested for STIs over 5 years’ ago, or never at all
- had not been diagnosed with an STI in the past 2 years

### Data

The survey asked a series of questions around testing and diagnosis for sexually transmitted infections (STIs), such as syphilis and gonorrhoea. The highest proportion of respondents (**23%**) had last been tested for STIs over 5 years ago, followed by those who had been tested within the last 5 years (**19%**). **16%** had been tested within the last 12 months, **13%** within the last 5 years, and **10%** within the last 6 months. **19%** of respondents had never tested for STIs.

**86%** of respondents had not been diagnosed with an STI in the past 2 years. Only two respondents answered that they had been diagnosed with an STI, one of which had been diagnosed with syphilis and the other did not know.



### 3.5. PrEP (Pre-Exposure Prophylaxis)

#### Summary

Most respondents:

- had not heard of PrEP before taking the survey and had not taken PrEP
- who thought they would benefit from taking PrEP said it was so they could have better protection when they are sexually active
- who thought they would not benefit from taking PrEP said it was because they were in a monogamous relationship or were not currently sexually active

#### Data

The survey asked a series of questions about respondents' knowledge, and experience of PrEP. PrEP is a pill that can stop the person taking it from getting HIV.

The number of respondents who had heard of PrEP before they participated in this survey (48%) was almost equal to those who had not (52%). The vast majority of respondents (87%) had never taken PrEP before.

Only one respondent said they were currently taking PrEP every day, which they got from an NHS sexual health clinic. Of the respondents who do not currently take PrEP, 40% thought they would benefit from accessing it, all of whom stated that this was to provide themselves with better protection when they are sexually active. 60% did not think they would benefit from taking PrEP and said it was because either they were already HIV positive, were in what they perceived to be a monogamous relationship and so did not need to protect themselves, or that they were not currently in a relationship or sexually active.

### 3.6. Sexual activity

#### Summary

Most respondents:

- would find it very easy, or easy to ask their current partner about their HIV status and STI status
- would find it very easy, or easy to discuss condom use and to refuse to have sex if their partner would not wear a condom

#### Data

The survey asked a series of questions about the respondents' sex lives in general.

In the last 2 years, 77% of respondents had had sex with men, 14% with women, 4.5% with partners who describe their gender in another way, and 4.5% preferred not to say. This is reflective of the gender dynamic of those who responded to the survey, with people who identify as women being the majority of respondents. This also highlighted a limitation of this survey, with data gathered on people who identify as men insufficient to form a gendered finding.

52% of respondents said they had had receptive vaginal sex in the past 2 years; 28.5% had had penetrative vaginal sex; 9.5% preferred not to say, and 4.8% respectively had had penetrative anal sex or received oral sex.

The survey asked a series of questions about how comfortable respondents would be to discuss a variety of topics when talking about sex with their current or most recent partner. In each case, the highest proportion of respondents said they would find it very easy to ask their current or most recent partner about their HIV status (45%), their STI status (52%), or about condom use (55%).

The response to the question of how comfortable they would be to discuss PrEP use was more varied, with 35% saying it would be very easy; 20% saying it would be easy; 30% saying it would be neither easy nor difficult, and 15% saying it would be difficult.

The responses were similarly distributed when respondents were asked if they would refuse to have sex if their partner refused to wear a condom: 32% said it would be very easy; 21% respectively said it would be easy, neither easy nor difficult, or difficult; and 5% said it would be very difficult.

### 3.7. Condoms

#### Summary

Most respondents:

- had had sex without a condom in the past 2 years
- would prefer to collect free condoms from a sexual health clinic, pharmacy or other free condom venue
- would prefer to access free condoms from a community centre if accessing them from a non-health-related venue in their local community

Most of the **church pastors** interviewed believed that free condoms should not be made available inside church buildings, but that free condoms and teaching about condoms should be provided through outreach programmes with connections to the church.

#### Data

The survey asked a series of questions about condom access and use. 82% of respondents replied that they had had sex without a condom in the past 2 years. 72% of respondents said they had accessed free condoms from a sexual health clinic, pharmacy or other free condom venue, compared to 21% who had accessed them from a shop or pharmacy and 7% from free condoms by post services.

When asked to rank their preferences for where they would like to access free condoms, the highest proportion of respondents' first preferences were from their local sexual health clinic (33%), followed by a local pharmacy (20%) or their GP (17%). 10% preferred to receive condoms by post, and 3% respectively would like to access free condoms from another service venue or the local hospital. 13% of respondents said that they did not want to access free condoms.

The survey asked whether respondents would like to access free condoms in discrete locations from non-health-related venues in their local community, such as shops and restaurants. **32%** of respondents preferred to access free condoms from a community centre; **18%** respectively preferred to access them at church or in local restaurants. **18%** preferred another venue, such as gyms, pubs/clubs, or public toilets. **7%** respectively preferred to access free condoms at the hairdresser or did not want to access free condoms.

### Faith Leader Feedback

Most of the pastors interviewed thought that condoms should not be available in church buildings, as this would go against the message that they were teaching. Although they recognised that their congregations were having sex and needed access to condoms, they felt it was better to build on their personal relationships with individuals in the NHS and third sector services who can provide this service:

**"I know it is happening! But the Bible says we should preach against it, but when we put condoms in the toilet, we are saying it is ok, the Bible says it is not ok ... So what we need to do is preach about it and pray about it, and if somebody asks for help in that area we can point them where to get help"**

One pastor said that it was necessary to talk about condoms because "it is a problem ... HIV is real". But they also agreed that information about condoms should not be within the general church teaching sessions, but rather organised through outreach that the pastors could support and encourage their congregants to attend, especially young people:

**"You [young people] are in this category, so we organise this seminar, we are not telling people to go into all sort of promiscuity or immorality, but if you find yourself in this situation ... And one of the preventative measures is this, we are not saying you are doing it ... It depends on how it is handled, how it is communicated to people"**

## 4. Conclusion

The Covid-19 pandemic has brought many changes to the way sexual health and HIV services reach and support people from African communities across Scotland. This report explored the barriers to services brought by the pandemic, while investigating the wider sexual health needs, including HIV testing, of people from African communities in Glasgow.

The following points discuss findings on respondents' preferences relating to location of services, make-up of services, access to information, HIV testing, and preventing new HIV transmissions. Each finding includes recommendations with the aim of reducing new HIV and STI transmissions in Glasgow, while also ensuring people living with HIV or poor sexual health are able to live well.

### 4.1. Location of Services

1. Sexual health information and services are **preferably accessed through GP surgeries or other health professionals** - This may require additional resources and training, including support ensuring culturally sensitive approaches.

2. Sexual health services and advice **can be promoted by churches, but not provided within the space** due to potential conflicts with belief systems - This demonstrates the need for outreach workers establishing pathways between services and community spaces.
3. Condoms are **preferably accessed from sexual health clinics and pharmacies**, or from community centres. However, pastors feel **condoms should not be provided in churches** and should instead be made accessible through outreach workers. This demonstrates condoms should be made accessible in a variety of locations, while remaining sensitive to potential conflicts with belief systems when seeking support from churches.

## 4.2. Make-up of Services

4. When staffing services, **gender identity diversity should be included in the make-up of teams**. Services should have **in-person access**, as well as **options to access remotely by phone**. Preferred days and times to access both in-person and remote services are weekday mornings.

## 4.3. Access to Information

5. Information should be primarily made accessible through **GP surgeries or health professionals**, with information disseminated through churches, provided by outreach workers.
6. While respondents knew where they could access information about sexual health and HIV testing, only half of respondents were aware of the HIV prevention drug PrEP. This indicates **further awareness raising about PrEP is required** within Glasgow's African communities.

## 4.4. HIV Testing

7. HIV testing is preferably accessed through **GP surgeries or sexual health clinics**. An HIV blood test is the preferred method of HIV test. While a minority of respondents preferred HIV self-tests over HIV blood tests, when specifically asked about HIV self-tests **most respondents agreed they would be likely to use a self-test**. Church pastors reinforced this finding by agreeing self-tests have a number of benefits for the community. Together, the HIV test findings illustrate that **in-person tests are preferred, but HIV self-tests are an acceptable alternative**.
8. The data also provides insight into testing frequency, where some people have never accessed HIV testing while others have done so within the last five years. Similarly, most respondents had only been tested for STIs more than five years ago. Together, these findings **reinforce the need for community awareness-raising with more targeted promotion of HIV and STI testing**.

## 4.5. Preventing New Transmissions

9. Most respondents said they would feel **comfortable talking to their current or most recent partner** about their HIV status, STI status or condom use. However fewer respondents felt comfortable talking to their most recent partner about PrEP. This

highlights that PrEP continues to be stigmatised within the community and as a result may affect uptake.

## 5. Next Steps

The data gathered in this report identified a number of steps that can benefit the delivery of existing sexual health and HIV services, as well as informing the design of future services.

As the Covid-19 pandemic restrictions lift, it is clear that sexual health and HIV services must work closely with GP surgeries and other health professionals to ensure an informed, culturally sensitive approach when providing information and support. This should be complemented by outreach workers strengthening the links between churches, community spaces and services.

When it comes to increasing individual and community awareness of PrEP, Young and Valiotis suggest that “critical HIV literacy in the age of PrEP is a complex social practice. Attention needs to be paid to how information is provided and facilitates engagement, rather than simply what information is given” (2020: 1). This demonstrates that community engagement methods should be used to share information about PrEP. Similarly, STI and HIV self-tests could benefit from targeted promotion using community engagement methods to increase awareness and uptake.

This report will inform the development of services for people from African communities in Glasgow from Waverley Care’s Health Improvement Team West. It will also inform the priorities of the organisation’s Research and Engagement Team.

## 6. Limitations

While our survey aimed to be representative, the findings are wholly influenced by those who consented to participate. Most of our respondents identified as women. Thus, the data pertaining to those who identify as another gender cannot be considered representative of the experiences of others. While the anonymous survey collected non-identifying personal information, the survey potentially does not include those with the greatest concerns surrounding disclosures of sensitive information. This may include those who have immigration and asylum issues.



## 7. References

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## 8. Appendix

### Exploring the sexual health needs, including HIV testing, of people from African communities in Glasgow - survey

#### What is this survey about?

The purpose of this survey is to find how people from African communities in Scotland would like to access sexual health information and services, including HIV testing.

For many years, staff from Waverley Care's African Health Project have delivered sexual health information and HIV testing at community venues, such as Calabash restaurant in Glasgow and African churches across Scotland. However, COVID-19 has it impossible to continue working in this way. We would therefore like to find out how we can continue to make sure people from African communities can access sexual health information and services.

You can complete the survey whether or not you have accessed sexual health or HIV services before. All of the questions are optional and you can skip any that you do not want to answer.

#### Who is running the survey?

Waverley Care is running the survey. You can find out more about us here: <https://www.waverleycare.org/>

#### What personal data will the survey collect?

The survey can be completed anonymously, or you can choose to enter personal data (your email address). We will only use your email address to enter you into a prize draw to win vouchers or to contact you about a follow up interview. If you include your email address, you will be asked at the end of the survey if you consent to it being used for both, or only one of, these purposes

#### How will you use the information I provide?

Your survey response will be collated and analysed by staff from Waverley Care. We will use the information you provide as part of a report. We will share the survey findings publicly, including via social media and in published articles. We will not share any information that could identify you or other people.

#### How will you store the information I provide?

Your survey response will be stored using password protection. Your personal data will be deleted by 31 Dec 2021 and we will only keep your anonymised survey response.  
Can I withdraw my survey response?

If you decide you do not want your survey response to be included in the evaluation, you can contact [comms@waverleycare.org](mailto:comms@waverleycare.org). If you have completed the survey anonymously, we may not be able to identify your response, but we will try to do this. If we can identify your response, you will be able to withdraw it until the point we publish the survey results, which will be around mid-March.

**Who can I contact if I have questions about the survey or I want to make a complaint?**

If you have questions about the survey, you can contact [jennifer.goff@waverleycare.org](mailto:jennifer.goff@waverleycare.org)

If you would like to speak to someone who is not involved in the survey, you can contact:

Grant Sugden, CEO, Waverley Care [Grant.Sugden@waverleycare.org](mailto:Grant.Sugden@waverleycare.org)

## Screening questions

**Would you describe your ethnicity as African, African Scottish or African British?**

Yes

No

**Do you live in Scotland?**

Yes

No

Thank you for your interest in the survey, but at this time we are only looking to speak to people who would describe their ethnicity as African, African Scottish or African British, and who live in Scotland.

## Background information

This section of the survey asks for information about your identity and background. You can skip any questions you do not want to answer.

**1. What is your age?**

Under 18

18 – 24

25-34

35-44

45-54

55-64

65+

**2. How would you describe your gender?**

Male (include trans male)

Female (include trans female)

Non binary

Prefer not to say

In another way, please describe

FREE TEXT

**3. Do you consider yourself to be transgender?**

Yes

No

Prefer not to say

**4. How would you describe your sexual orientation?**

Gay/lesbian  
Bisexual  
Heterosexual/straight  
Prefer not to say  
In another way  
FREE TEXT BOX

**5. How would you describe your relationship status?**

Single  
In a relationship  
Married or in a civil partnership  
Widowed  
Divorced  
Separated  
In another way  
OPEN TEXT BOX

**6. How would you describe your sexual relationship status?**

I am currently sexually active with one person  
I am currently sexually active with more than one person  
I am not currently sexually active

**7. What health board area do you live in?**

Health board list

**8. What is your highest educational qualification?**

SCQF menu

**9. Were you born in the UK?**

Yes  
No

**10. How long have you lived in the UK**

Under 1 year  
1-2 years  
3-4 years  
5-9 years  
10+ years

**11. What is your country of origin?**

List of countries

## Sexual health care and advice

This section of the survey asks about your experience of seeking sexual health care and advice. More information about sexual health services in your area is available at the end of this survey.

**12. If you wanted information about sexual health, for example, contraception or STIs, how would you normally find this out?**

- I'd ask my spouse or partner
- I'd ask a friend
- I'd ask a family member
- I'd ask my GP or another health professional
- I'd ask a charity or community organisation
- I'd search online
- Another place, please describe:  
FREE TEXT

**13. Due to the COVID-19 pandemic, many GPs, sexual health clinics, and community organisations cannot offer face-to-face services. If you could only speak to someone about sexual health remotely, which of the following ways would you like to do this? Please rank your preferences.**

- Telephone
- Video call
- Email
- Whatsapp or another instant messenger service
- Text message
- Online chat (where you talk to someone using a chat window on a website)

**15. If you could only speak to someone about sexual health remotely, at what time of day would you prefer to do this? Please select all that apply.**

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings

**16. If you were seeking information from a professional working in the NHS or in a charity/community organisation, either face to face or remotely, how important would it be that the person you spoke to:**

- was the same gender as you
- was a similar age to you
- was the same sexual orientation as you
- was the same ethnicity as you
- had a similar income/socio-economic background as you

Include very important to unimportant scale



## HIV and STI testing

This section of the survey asks about your experience of taking HIV and STI tests. More information about HIV and STI testing is available at the end of this survey.

### 17. When did you last take an HIV test?

- Within the last 4 weeks
- Within the last 3 months
- Within the last 6 months
- Within the last 12 months
- Within the last 2 years
- Within the last 5 years
- Over 5 years ago
- Never

### 18. How many HIV tests have you taken in the last 12 months?

Number only box

### 19. Where have you tested in the last 12 months (please tick all that apply)?

- GP
- Sexual health clinic
- Community testing service (a testing service not based in an NHS or private health facility, for example, a charity or community group)
- Hospital
- I used a self-sampling kit (I took a blood or saliva sample and sent off for the results)
- I used a self-test kit provider (I took a blood or saliva sample and found out the results on the spot)
- Another location, please describe
- FREE TEXT

### 20. If you needed an HIV test in the future, where you most like to access this?

- GP
- Sexual health clinic
- Community testing service (a testing service not based in an NHS or private health facility, for example, a charity or community group)
- A self-sampling kit (You take a blood or saliva sample at home and send off for the results)
- A self-test kit provider (You take a blood or saliva sample at home and find out the results on the spot)
- Another location, please describe
- FREE TEXT

### 21. Before taking this survey, had you heard of HIV self-testing before? Self-testing is where you take a blood or saliva sample at home and find out the results on the spot.

- Yes
- No

**22. How likely would you be to use HIV self-testing?**

- Very likely
- Likely
- Neutral
- Unlikely
- Very unlikely

**23. Why would you like to use HIV self-testing?**

FREE TEXT

**24. In which of the following ways would like to be able to receive self-test kits?**

- Postal delivery from online order
- From sexual partners
- Via outreach workers in community settings
- Via vending machines
- Via click-and-collect (order online and collect from a charity, clinic or pharmacy)
- Collect via a community organisation
- Collect via a sexual health clinic
- Collect via a pharmacy

**25. What kind of support would you want when using HIV self-testing kits?**

- Video / online counselling
- Other online support
- Dedicated phone line
- Face-to-face advice (from a health advisor or outreach worker for example)
- No support is needed beyond that available already by attending a sexual health clinic

**26. Why would you not like to use HIV self-testing?**

FREE TEXT

**27. When did you last have a test for sexually transmitted infections (STIs), such as syphilis and gonorrhoea?**

- Within the last 4 weeks
- Within the last 3 months
- Within the last 6 months
- Within the last 12 months
- Within the last 2 years
- Within the last 5 years
- Over 5 years ago
- Never

**28. Have you been diagnosed with any STIs in the last 2 years?**

- Yes
- No

**29. Which STIs were you diagnosed with?**

Gonorrhea  
Chlamydia  
Non-specific urethritis (NSU)  
Genital warts  
Herpes  
Syphilis  
Hepatitis B  
Hepatitis C  
Other  
I don't know

## PrEP

This section of the survey asks about your experience of using PrEP. PrEP stands for pre-exposure prophylaxis. PrEP is taken by HIV negative people before sex to protect against HIV. PrEP usually involves two HIV drugs combined in a single pill. For example, Truvada or Tenvir-EM. More information about PrEP is provided at the end of the survey.

**30. Before taking this survey, had you heard of PrEP before?**

Yes  
No

**31. Have you ever taken any PrEP (e.g. Truvada or Tenvir-EM)?**

Yes  
No

**32. Do you currently use PrEP?**

Yes  
No

**33. Where do you currently get your PrEP drugs?**

NHS sexual health clinic  
From an online pharmacy  
In another way, please describe  
FREE TEXT

**34. When do you take your PrEP drugs?**

Every day  
Just when I need to (event-based dosing)

**35. Do you think that you would currently benefit from accessing PrEP? As a reminder, PrEP is a medication you can take to protect against HIV if you are HIV negative.**

Yes  
No

36. Could you explain why you think you would benefit from PrEP?

FREE TEXT

37. Where would you like to access PrEP?

GP

Sexual health clinic

Community testing service (a service not based in an NHS or private health facility)

Hospital

Order online

Another location, please describe

FREE TEXT

38. Could you explain why you do not think you would benefit from accessing PrEP?

FREE TEXT BOX

## Sexual history

This section of the survey asks about your sexual history. We are asking for this information because it helps us to better understand what kind of information about sexual health would be most useful to you. **Remember, the survey is completely anonymous and you can skip any questions you do not want to answer.**

39. Have you had sex in the last two years?

Yes

No

40. In the last two years, who have you had sex with?

Men

Women

Prefer not to say

Partners who describe their gender in another way, please describe

FREE TEXT

41. If you are comfortable doing so, could you tell us how many people have you had sex with in the last two years?

FREE TEXT

42. If you are comfortable doing so, could you tell us what kinds of sex have you had in the past 2 years?

Penetrative anal sex (you inserted your penis into some else's anus)

Receptive anal sex (someone else inserted their penis into your anus)

Penetrative vaginal sex (you inserted your penis into some else's vagina)

Receptive vaginal sex (someone else inserted their penis into your vagina)

Given oral sex

Received oral sex

Prefer not to say

Another kind of sex, please describe

FREE TEXT

**43. When talking about sex with your current or most recent partner, how easy or difficult would it be for you to: (Scale very easy – very difficult)**

Ask about their HIV status

Ask if they have ever had another type of sexually transmitted infection (STI)

Discuss condom use

Discuss PrEP use

Refuse to have sex if they won't use a condom

## Condom use

This section of the survey asks about condom use. Online links about access to free condoms are included at the end of the survey.

**44. In the last two years, have you had sex without using a condom?**

Yes

No

**45. If you are comfortable doing so, can you tell us why you did not use a condom when you had sex?**

FREE TEXT

**46. If you needed condoms, where would you usually access these?**

Buy them from a shop or pharmacy

Collect free condoms from a sexual health clinic, pharmacy or another free condoms venue

Free condoms by post service

From somewhere else, please describe

FREE TEXT

**47. At which of the following healthcare services would you like to be able to access free condoms?**

Local pharmacy

Local sexual health clinic

Local hospital

GP

Condoms by post service

Another healthcare service venue:

FREE TEXT

I do not want to access free condoms

**48. We are interested in whether people would like to access condoms from non-health related venues in their local community, such as shops and restaurants. Condoms would be available in a discrete location, such as in toilet cubicles, so that nobody else would be able to see you collecting them.**



At which of the following non-health related venues would you like to be able to access free condoms?

Local restaurants

Hairdresser

Community centre

Another venue:

FREE TEXT

I do not want to access free condoms

## End of survey

Thank you for taking the time to enter this survey. If you would like to be entered into a prize draw to win £250 amazon vouchers, please provide your name and email address below:

FREE TEXT

This survey is the one part of a wider research project looking at sexual health services and information for people from African communities. We also plan to carry out one-to-one interviews and discussion groups to explore some of the topics raised in this survey. You would receive a £15 voucher for taking part. If you would be willing to take part in an interview or discussion group, please include your name and email address in the box below:

FREE TEXT

## Further information

If you would like to more information about any of the issues raised in this survey, you can visit our website: <https://www.waverleycare.org/> or call us on 0141 332 3520. We can provide you with advice on accessing sexual health services, HIV/STI testing, contraception and condom access, and PrEP.

You can find out more about what sexual health services are available in your area and how to access HIV/STI testing: <https://www.nhsinform.scot/campaigns/your-sexual-health-during-the-coronavirus-outbreak>

You can learn more about NHS PrEP here: <https://prep.scot/>

You can learn more about HIV self-testing and order an HIV self test here: <https://www.hivtest.scot/>

If you have any questions regarding this research, you can contact us with the following details:

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